

WESTERN WELCOME PROGRAM Complete the information requested and turn card in at the end of orientation.		PRIVACY ACT STATEMENT: AUTHORITY: 5 USC 301 PURPOSE: To properly welcome newcomers. ROUTINE USE: To initiate the Western Welcome Program and provide a proper welcome of all newly arrived personnel and families. DISCLOSURE: Voluntary.	
PLEASE PRINT			
NAME (last, first)			
HOME OF RECORD		SOCIAL SECURITY NUMBER	RANK
LAWTON/FORT SILL ADDRESS (street, city, state, zip code)			HOME PHONE
IS THIS A TEMPORARY ADDRESS? (X one)		ARE YOU ACCOMPANIED BY FAMILY MEMBERS? (X one)	
<input type="checkbox"/> YES <input type="checkbox"/> NO 		<input type="checkbox"/> YES <input type="checkbox"/> NO 	
UNIT OF ASSIGNMENT		NUMBER/AGES OF FAMILY MEMBERS	
NAME AND AGES OF EXCEPTIONAL FAMILY MEMBERS		DUTY PHONE	
REMARKS			
SIGNATURE		DATE SIGNED	